



The Georgia Society *of CPAs*

Chapter Action Plan Deadline: July 1, 2020

The Chapter Action Plan is designed to give the GSCPA Board of Directors insight into the Chapter's planned activities for the upcoming year. Additionally, it provides important information to the GSCPA members and staff. Please complete the fields below.

Chapter Name: _____

Chapter Mailing Address: _____

City: _____ Zip: _____

Officers:

Chapter President Name: _____

Chapter Vice President Name: _____

Chapter Secretary Name: _____

Chapter Treasurer Name: _____

Chapter Representative to Council Name: _____

Nominee for State-Nominating Committee Name: _____

Communication Information:

Contact for Email Registrations: _____

Newsletter Contact: _____

Please email or fax completed form to Colleen McGlade by July 1.
Email: cmcglade@gscpa.com Fax: 404-237-1291

Chapter Action Plan

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Financial Information:

Signatories on the Chapter's Accounts:

Name: _____

Name: _____

Name: _____

Chapter Events:

Please list the events the Chapter has scheduled for the upcoming year. These events will be added to the Society's calendar and promoted on the Chapter's website and electronic newsletters. Please attach any additional information as needed.

Event 1:

Date: _____ Start Time: _____ End Time: _____

Member Event Fee: _____ Non-Member Event Fee: _____

Location Address: _____

City: _____ Zip: _____

Event Name: _____

Speaker: _____ CPE Hours: _____ A&A?: _____

Topic: _____

Additional Information/Marketing Information: _____

Event 2:

Date: _____ Start Time: _____ End Time: _____

Member Event Fee: _____ Non-Member Event Fee: _____

Location Address: _____

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City: _____ Zip: _____

Event Name: _____

Speaker: _____ CPE Hours: _____ A&A?: _____

Topic: _____

Additional Information/Marketing Information: _____

Event 3:

Date: _____ Start Time: _____ End Time: _____

Member Event Fee: _____ Non-Member Event Fee: _____

Location Address: _____

City: _____ Zip: _____

Event Name: _____

Speaker: _____ CPE Hours: _____ A&A?: _____

Topic: _____

Additional Information/Marketing Information: _____

Event 4:

Date: _____ Start Time: _____ End Time: _____

Member Event Fee: _____ Non-Member Event Fee: _____

Location Address: _____

City: _____ Zip: _____

Event Name: _____

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Speaker: _____ CPE Hours: _____ A&A?: _____

Topic: _____

Additional Information/Marketing Information: _____

Event 5:

Date: _____ Start Time: _____ End Time: _____

Member Event Fee: _____ Non-Member Event Fee: _____

Location Address: _____

City: _____ Zip: _____

Event Name: _____

Speaker: _____ CPE Hours: _____ A&A?: _____

Topic: _____

Additional Information/Marketing Information: _____

Event 6:

Date: _____ Start Time: _____ End Time: _____

Member Event Fee: _____ Non-Member Event Fee: _____

Location Address: _____

City: _____ Zip: _____

Event Name: _____

Speaker: _____ CPE Hours: _____ A&A?: _____

Topic: _____

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Additional Information/Marketing Information: _____

Event 7:

Date: _____ Start Time: _____ End Time: _____

Member Event Fee: _____ Non-Member Event Fee: _____

Location Address: _____

City: _____ Zip: _____

Event Name: _____

Speaker: _____ CPE Hours: _____ A&A?: _____

Topic: _____

Additional Information/Marketing Information: _____

Event 8:

Date: _____ Start Time: _____ End Time: _____

Member Event Fee: _____ Non-Member Event Fee: _____

Location Address: _____

City: _____ Zip: _____

Event Name: _____

Speaker: _____ CPE Hours: _____ A&A?: _____

Topic: _____

Additional Information/Marketing Information: _____

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Event 9:

Date: _____ Start Time: _____ End Time: _____

Member Event Fee: _____ Non-Member Event Fee: _____

Location Address: _____

City: _____ Zip: _____

Event Name: _____

Speaker: _____ CPE Hours: _____ A&A?: _____

Topic: _____

Additional Information/Marketing Information: _____

Event 10:

Date: _____ Start Time: _____ End Time: _____

Member Event Fee: _____ Non-Member Event Fee: _____

Location Address: _____

City: _____ Zip: _____

Event Name: _____

Speaker: _____ CPE Hours: _____ A&A?: _____

Topic: _____

Additional Information/Marketing Information: _____

Event 11:

Date: _____ Start Time: _____ End Time: _____

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Member Event Fee: _____ Non-Member Event Fee: _____

Location Address: _____

City: _____ Zip: _____

Event Name: _____

Speaker: _____ CPE Hours: _____ A&A?: _____

Topic: _____

Additional Information/Marketing Information: _____

Event 12:

Date: _____ Start Time: _____ End Time: _____

Member Event Fee: _____ Non-Member Event Fee: _____

Location Address: _____

City: _____ Zip: _____

Event Name: _____

Speaker: _____ CPE Hours: _____ A&A?: _____

Topic: _____

Additional Information/Marketing Information: _____

Chapter Goals and Special Initiatives:

List the strategic goals and any special initiatives the Chapter is undertaking in the next year. Please attach any additional information as needed.

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Report Submitted By: _____

Signed: _____

Title: _____

Date: _____

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